PTO/SB/06 (08-03)
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Und	er the Paperwork PATI	ENT APPLICA	ATION	FEE DETER e for Form PTC	RECORD			ss it displays a valid OMB control number. Application or Docket Number 10003855			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED NUMBER E				R EXTRA	RAT	Έ	FEE		RATE	FEE	
	C FEE FR 1.16(a))							s	OR		s
TOTA	L CLAIMS FR 1.16(c))		minus 20 =		•		_ =		OR	x \$=	
INDE	PENDENT CLAIM	IS	minus 3 =				=		OR	x \$=	
		NT CLAIM PRESEN	1 PRESENT (37 CFR 1.16(d))			+ \$			OR	+ \$=	
* If the difference in column 1 is less than zero, enter *0* in column 2.						TOT	AL		OR	TOTAL	
יוני נוו					••				•		
a	ndt ci	.AIMS AS AME (Column 1)	MENDED - PART II (Column 2)		(Column 3)	SMALL ENTITY		OR		R THAN ENTITY	
AMENDMENT A	9.23.04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	IASH	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	. 20	Minus	" Q3	= (x s	E		OR	x \$=	
EN	Independent (37 CFR 1.16(b))	. 3	Minus	3	=	× \$	=		OR	x \$=	
A	FIRST PRESENT	ATION OF MULTIPLE	DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+ s	f		OR	+ \$=	
						TOTAL ADD'L			OR	TOTAL ADD'L FEE	[
		(Column 1)		(Column 2)	(Column 3)				•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	rE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	••	Ξ	x s	=		OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x s	_=	:	OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$	-		OR	+ \$=	
		 	_	· · · · · ·		TOTAL ADD'L			OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)				_		
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	•	Minus	••	π	x s			OR	x s=	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x \$	_=		OR	x \$=	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$	=		OR	+ \$ =	
							L FEE		OR	TOTAL ADD'L FEE	
	e if the "Linboot	column 1 is less that Number Previously Number Previously	y Paid For	IN THIS SPACE	is less than 20, is less than 3. e	enter 20 . nter *3*.			_	4	

In a Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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